



**MASSACHUSETTS
TEACHERS'
RETIREMENT
BOARD**

Boston Office
69 Canal Street
Boston, MA 02114-2006
(617) 727-3661
Fax (617) 727-6797

Western Regional Office
101 State Street
Springfield, MA 01103-2066
(413) 784-1711
Fax (413) 784-1707

Change of Address Form

Retired Member

INSTRUCTIONS

It is vitally important that you keep us informed of any change in your home address, whether temporary or permanent: **your retirement allowance checks and direct deposit statements will not be forwarded.** We will also be sending you financial documents and other forms (1099-R tax form, verification of eligibility) throughout your retirement.

Please send us notification of any change in your address at least 30 days before the effective date of the change; any changes received after the 15th of the month will not be reflected until the following month. While we cannot accept address changes over the telephone, we will accept changes via fax. You will, however, still need to send us the original form.

Please complete this form and return it to our Boston office.

If you have any questions, please visit us online at mass.gov/mtrb, or feel free to call us at (617) 878-2890. Thank you!

M T R B U S E O N L Y

PERSONAL DATA

**Part
1**

Social Security number _____

Name

Last

First

Middle

I receive my monthly
retirement allowance by
(check one):

☐ Mail

☐ Direct deposit

ADDRESS UPDATE

If, from year to year, you regularly reside at a temporary address (for example, you spend winters at your current address and summers at your temporary address), you still need to notify us every year of the dates you will be at each address.

☐ **Permanent Address**

I wish to receive mail at this address

beginning on ____/____/____

and continuing until further notice.

Address _____

City _____ State _____ ZIP _____

Phone (_____) _____

☐ **Temporary Address, if any**

I wish to receive mail at this address from

____/____/____ through ____/____/____.

After this time, send mail to my permanent address.

Address _____

City _____ State _____ ZIP _____

Phone (_____) _____

**Part
2**

MEMBER'S STATEMENT AND SIGNATURE

**Part
3**

I, the undersigned, am the benefit recipient named in Part 1. I hereby notify the MTRB that my address is as listed in Part 2, above.

Signature _____

Date _____